## **Blackpool** Council

## **APPLICATION FOR A STREET COLLECTION PERMIT**

Applicants Name:	
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## **Built Environment**

Licensing Service Blackpool Council Municipal Buildings, PO Box 4 Blackpool, FY1 1NA

## Contact

**T:** (01253) 47 8570 **F:** (01253) 47 8372

www.blackpool.gov.uk



1)	<u>Applica</u>	ant Det	<u>ails</u>																
	In what	capacit	y are	you a	pplying	for a li	cenc												
			Р						Please tick:										
a)	An individual									Con	plete	Sect	ion A						
b)	A person of	ther tha	n an i	individ	lual														
	l.	As a c	harity	/							Con	nplete	Sect	ion B					
	II.	As a li	mited	l comp	any						Con	nplete	Sect	ion B					
	III.	Other									Con	nplete	Sect	ion B					
		vidual <i>A</i> ne, Add			tails of	applica	ant fo	or the licen	ce v	who	will be	resp	oor	sibl	e fo	r the	e co	llect	ion
	Title:		Mr	Mrs	Miss	Ms	Fo	rename (s)	, [										
	<u>Surname</u>									Da	te of Bir	<u>th</u>							
	Home add	ress																	
										Po	st Code								
	Telepho							Mobile Number		Ī							<u> </u>	1	
	Email Add	lress																	
	-	n-Individ	lual A	Applica	int – Bu	ısiness,	, Soc	eiety or Cha	arity	y re	sponsib	le fo	or tl	ne p	rope	osec	l Co	llect	tion
	<u>Name</u>																		
	Registered address	<u>d</u>																	
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2)	Corresp	oondend	e Na	me an	d Addre	ess													
	<u>Name</u>																		
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	Telepho							Mobile Number								<u> </u>		<u></u>	
	Email Add							Hallist	<u></u>										

Name of Charity											
Address											
					Post C	ode					
Charity Registrat	ion Numbe	er					L				
The Street Coll	lection wil	be for the c	ollecti	ion of:							
Money	/	Property	/	]							
				Tick as appropr	iate						
If property is c	ollected, is	s this to give	away	use or sell on	behalf of	charity	plea	ise s	tate:		
		<u> </u>				,	Į				
What method of	of collection	n is to take	place?	•							
For example w							spec	cific	event	? Ple	ease
a description of	of the type	of collection	that i	s proposed to	take place	е.					
How many per which the appl			o auth	orise to act a	s collecto	rs in th	ne ar	ea o	f the	local	auth
	ication is	addressed?			s collecto	rs in th	ne ar	ea o	f the	local	auth
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which the appl	ication is	addressed?			s collecto	rs in th	ne ard	ea o	f the	local	auth
which the appl	cation is	f this collect	ion ar	e to be put.		rs in th	ne ar	ea o	f the	local	auth
Use to which p  Objects of the  Date of Propos	croceeds of Charity or	f this collect  Fund.	ion ar	e to be put.	ours:						auth
Use to which p  Objects of the  Date of Propos	charity or chartened that we contact that we	f this collect  Fund.	ion ar	e to be put.  etween what h t of your appli	ours: cation at l		days				auth
Use to which p  Objects of the  Date of Propos  NB Please no date of pr	charity or chartened that we contact that we	f this collect  Fund.	ion ar	e to be put. etween what h	ours: cation at l	east 28	days				auth

10)	Locality within wh	ich it is pro	posed to ma	ake the Coll	ection or Sale.	
11)	Are the whole of the	he receipts t	to be paid o	ver for the l	penefit of the C	harity or fund?
	YES NO					
		Tick as appropri	iate			
12)	If no, please state estimate of the su					er any other purpose) and provide a percentage.
	Total amount of re	eceipts	Amount to	be deducte	ed	Reason for deduction.
13)	Has a permit for a	Collection of	or Sale for a	ı similar obj	ect ever been r	efused?
	YES NO	Tick as appropri	iate			
14)		e by which L		uthority, da	te refused and	
	AUTHORITY		DATE			REASON
15)	Signature of Appli derstand that I am requi		ct the following	na denartme	nt(s) regarding r	my application:
1)	Promenade If you are planning on telephone numb	to hold a stre er (01253) 4 insurance co	eet collection 78231 to che over. Please	on the Proneck the dates note, VisitE	nenade you will i requested are a	must immediately contact VisitBlackpoo available and also to check whether you s and conditions will need to be signed
2)	Town Centre If you are planning from the Town Cent					mission should immediately be sought
	Usual Signature					
	Printed Name					
	Printed Name Capacity					

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